

EXHIBIT E – PART 3

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) ROAD #5 KM. 27.4 EXT EXPRESO DE DIEGO BO. PALMAS CATANO, PR 00962		TAX BOND NO. BL NO. SJUELY269JAX019	Date: 06/11/02															
		EXPORT REFERENCES RV81476																
		BOOKING NUMBER MG11216	SHIPPER REFERENCE NO.															
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60088		SALES AGENT OR ICC (Complete Name, Address and Zip Code). FREIGHT BROKER LIC. ()																
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NO.). UPON ARRIVAL PLEASE CONTACT () LUIS VEGA 787 - 275-3013		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																
PIER SAN JUAN, PR		PLACE OF RECEIPT																
VESSEL EL YUNQUE		VOY. NO 269 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN													
PORT OF DISCHARGE JACKSONVILLE, FL				DESTINATION PORT WAUKEGAN, IL	FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL													
PARTICULARS FURNISHED BY SHIPPER																		
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT												
UNIT NO: NPRU655287-7 SEAL 1: 28722 SEAL 2: 37242 TIR# 097181	1 45HC	STC: 60 PALLETS 1348 PCS MEDICAL DEVICES "ALL MOTOR" DELIVERY ON 6/18 AT 8:00AM " TR/DR			10,808													
CORRECTED BILL OF LADING																		
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE													
<p><input type="checkbox"/> Carrier's \$200 Liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 2D and 3A on the reverse side or shipper selects Options (A) or (B) below.</p> <p><input type="checkbox"/> Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$200 Liability per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p><input type="checkbox"/> Declared Value \$ _____</p> <p><input type="checkbox"/> Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper insures Shipper's interest cargo insurance at the deductible rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,250.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>15.00</td> </tr> </tbody> </table> <p>REPRESENTS THE GOODS OR PACKAGES SAID TO CONTAIN GOOD(S) HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREBY PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID RECALLED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTATION OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THIS FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ OPTIONAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>					TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,250.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	15.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																
OC FRT NORTHBOUND	1	1,250.00																
BUNKER SURCHARGE	1	125.00																
PT AUTH FEE	1	15.00																

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNDED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO		TAX BOND NO.	BL NO. SJUEXP219ELZ017	Date: 05/07/02													
		EXPORT REFERENCES	MA566N0790														
		BOOKING NUMBER	SHIPPER REFERENCE NO. RV#80672														
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (REL) (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY, NY 12549		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.															
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS															
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR															
VESSEL EXPEDITION VOY. NO. 219 N FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN														
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY	FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY														
PARTICULARS FURNISHED BY SHIPPER																	
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT												
UNIT NO: NPRU655080 SEAL 1: 025912	1 40HC	STC: 44 PALLETS 2,040 PIECES MEDICAL DEVICES ** TR/DR		21,010													
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE													
<p><input type="checkbox"/> Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes <input type="checkbox"/> No <input type="checkbox"/> Insured Value \$ _____</p> <p>Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consigner</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,136.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,136.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00		
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THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.																	
IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.																	
REVISED 2/02		BY _____		TOTAL CHARGES: 1,271.00													
SEA STAR LINE, LLC																	

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNDED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO			TAX BOND NO.	BL NO. SJUEXP219ELZ019	Date: 05/07/02													
			EXPORT REFERENCES	MA566N0790														
			BOOKING NUMBER	SHIPPER REFERENCE NO. RV#80673														
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (REL) (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY, NY 12549			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.															
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)			ALSO NOTIFY, ROUTING OR INSTRUCTIONS															
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																
VESSEL EXPEDITION		VOY. NO 219	FLAG N	PORT OF LOADING SAN JUAN, PR														
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY		POINT AND COUNTRY OF ORIGIN														
				FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY														
PARTICULARS FURNISHED BY SHIPPER																		
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT												
UNIT NO: NPRU655245 SEAL 1: 025911	1 40HC	STC: 44 PALLETS 1,682 PIECES MEDICAL DEVICES ** TR/DR			9,820													
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE													
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes [] No _____ Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Signature of Consignor</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,136.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,136.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00		
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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.																		
REVISED 2/02		BY _____			TOTAL CHARGES: 1,271.00													
SEA STAR LINE, LLC																		

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNDED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO			TAX BOND NO. BL NO. SJUEXP219ELZ018	Date: 05/07/02													
			EXPORT REFERENCES MA566N0790														
			BOOKING NUMBER	SHIPPER REFERENCE NO. RV#80670													
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (REL) (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY, NY 12549			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)			ALSO NOTIFY, ROUTING OR INSTRUCTIONS														
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR															
VESSEL EXPEDITION		VOY. NO 219 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN												
PORT OF DISCHARGE PORT ELIZABETH, NJ				PLACE OF DELIVERY MONTGOMERY, NY	FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY												
PARTICULARS FURNISHED BY SHIPPER																	
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT											
UNIT NO: NPRU655246 SEAL 1: 25917	1 40HC	STC: 44 PALLETS 1,815 PIECES MEDICAL DEVICES ** TR/DR O			25,930												
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE												
<p>A Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p>Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consignor _____</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBBOUND</td> <td>1</td> <td>1,136.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBBOUND	1	1,136.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00		
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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID																	
REVISED 2/02		BY _____		TOTAL CHARGES: 1,271.00													
SEA STAR LINE, LLC																	

JUL-23-2002 17:42

SEA STAR LINE

904 725 9829 P. 01/01

BL NO.

SJUEXP219ELZ055

Date:

05/07/02

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO		TAX BOND NO. EXPORT REFERENCES MA566N0380	BL NO. BOOKING NUMBER	P. 01/01 SHIPPER REFERENCE NO. RV#80723
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (REL) (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 89 MONTGOMERY, NY 12549		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR		
VESSEL EXPEDITION VOY. NO 219 N FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR		
PORT OF DISCHARGE PORT ELIZABETH, NJ		DESTINATION PORT PORT ELIZABETH, NJ		
FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY				

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650725 SEAL 1: 026063	1 40HC	STC: 44 PALLETS 1,470 PIECES MEDICAL DEVICES TR/DR	27,589	

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$500 Limitation of liability per package will apply, unless Carrier's tariff provides for Shipper's limited cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per package will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$ _____

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, shipper requests Shipper's limited cargo insurance at the applicable rates charged by Carrier.

I Yes [] No [] Insured Value \$ _____

Subject to Clause 24 of Conditions. If the consignee is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement. The carrier shall not make delivery of this statement without payment of freight and all other bank charges.

Signature of Consignor

RECEIVED THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL INL4(B) OF LADING, ALL OF THE SAME TENOR AND OTHERWISE INDICATED, TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HERIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL INL4(B) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHER TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03830)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1	1,118.00
BUNKER SURCHARGE	1	125.00
PT AUTH FEE	1	10.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNER "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO		TAX BOND NO. BL NO. SJUEXP219ELZ054	Date: 05/07/02																								
		EXPORT REFERENCES MA566N0490																									
		BOOKING NUMBER RV#80748	SHIPPER REFERENCE NO.																								
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) CV SOLON DC SOLON OHIO (REL) (USA11111) C/O ALLEGIANCIE 5260 NAIMAN PARKWAY SOLON, OH 44139		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																									
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																									
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																									
VESSEL EXPEDITION		VOY. NO 219 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN																						
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY SOLON, OH		FINAL DESTINATION OF GOODS (NOT VESSEL) SOLON, OH																							
PARTICULARS FURNISHED BY SHIPPER																											
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT																					
UNIT NO: NPRU655179 SEAL 1: 025915	1 40HC	STC: 44 PALLETS 2,174 PIECES MEDICAL DEVICES ** TR/DR			21,423																						
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE																						
<p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consigner</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>2,167.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>2,167.00</td> </tr> <tr> <td></td> <td></td> <td>125.00</td> </tr> <tr> <td></td> <td></td> <td>10.00</td> </tr> </tbody> </table> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p> <p>BY _____</p> <p>REVISED 2/02</p> <p>SEA STAR LINE, LLC</p> <p>TOTAL CHARGES: 2,167.00</p>					TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	2,167.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			2,167.00			125.00			10.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																									
OC FRT NORTHBOUND	1	2,167.00																									
BUNKER SURCHARGE	1	125.00																									
PT AUTH FEE	1	10.00																									
		2,167.00																									
		125.00																									
		10.00																									

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNDED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO			TAX BOND NO. BL NO. SJUEXP219ELZ021	Date: 05/07/02													
			EXPORT REFERENCES MA566N0480														
			BOOKING NUMBER RV#80744	SHIPPER REFERENCE NO.													
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) GL DEPEW DC (USA11111) C/O ALLEGIANCE 3356 WALDEN AVE DEPEW, NY 14043			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)			ALSO NOTIFY, ROUTING OR INSTRUCTIONS														
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR															
VESSEL EXPEDITION		VOY. NO 219 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR													
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY DEPEW, NY		POINT AND COUNTRY OF ORIGIN FINAL DESTINATION OF GOODS (NOT VESSEL) DEPEW, NY													
PARTICULARS FURNISHED BY SHIPPER																	
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT												
UNIT NO: NPRU655534 SEAL 1: 023247	1 40HC	STC: 26 PALLETS 1,061 PIECES MEDICAL DEVICES ** TR/DR		15,216													
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE													
<p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consignor _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED. TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,136.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,136.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00	TOTAL CHARGES: 1,271.00	
TARIFF ITEM NUMBER	CHARGES	TOTAL															
OC FRT NORTHBOUND	1	1,136.00															
BUNKER SURCHARGE	1	125.00															
PT AUTH FEE	1	10.00															
REVISED 2/02 BY _____		SEA STAR LINE, LLC															

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)				TAX BOND NO.	BL NO.	Date
BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO					SJUEXP219ELZ020	05/07/02
				EXPORT REFERENCES	MA566N0470	
				BOOKING NUMBER	SHIPPER REFERENCE NO. RV#80745	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (REL) (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY, NY 12549				SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)				ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR				
VESSEL EXPEDITION		VOY. NO 219 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN		
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY		FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY		
PARTICULARS FURNISHED BY SHIPPER						
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT
UNIT NO: NPPRU655376 SEAL 1: 025919	1 40HC	STC: 46 PALLETS 2,148 PIECES MEDICAL DEVICES ** TR/DR <input type="checkbox"/>			20,745	
SHIPPER LOAD AND COUNT				FREIGHT COLLECT	COPY NON-NEGOTIABLE	
<p><input checked="" type="checkbox"/> Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p><input type="checkbox"/> Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p>Declared Value \$ _____</p> <p><input type="checkbox"/> Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Signature of Consignor</p>				FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		
RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES <small>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</small>				TARIFF ITEM NUMBER CHARGES TOTAL OC FRT NORTHBOUND 1 1,136.00 1,136.00 BUNKER SURCHARGE 1 125.00 125.00 PT AUTH FEE 1 10.00 10.00		
IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.				TOTAL CHARGES: 1,271.00		
REVISED 2/02 BY _____ SEA STAR LINE, LLC						

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, P.R 00962

TAX BOND NO.

BL. NO.
SJUELY259JAX008

Date:

EXPORT REFERENCES

RV#80770

BOOKING NUMBER
KG06154

SHIPPER REFERENCE NO

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD

WAUKEGAN, IL 60085

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)
ATTN: KAY UTTER ()
PHONE: 847-578-5821

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO
EL YUNQUE 259 N FLAG UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLPLACE OF DELIVERY
WAUKEGAN, ILFINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: STRU4550563	1	STC: 44 PALLETS 1,830 PIECES MEDICAL DEVICES "TR/DR		
SEAL 1: 2212				17,843
TIR# 100783				

TARIFF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
OC FRT NORTHBOUND			
BUNKER SURCHARGE	1 1,250.00	1,250.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
PT AUTH FEE	1 125.00	125.00	LOGISTICS PAYMENT SERVICES
	1 10.00	10.00	PO BOX 2000
			SUGAR GROVE
			IL 60554

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

Carrier's liability per tonnage shall apply, unless Carrier's tariff provides for Shippers Interest cargo insurance with limits specified in Clause 22 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 deductible per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Carrier requests Shippers Interest cargo insurance at the applicable rates charged by Carrier.

Yes No Insured Value \$

RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN COMMODITIES HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS MARKED PROVIDED, CARRIER HAS NOT INSPECTED CONTENTS OR SAW SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTATION OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

Subject to Clause #4 of Conditions, if the statement is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of _____

PP/90 * 4 FRACTION HAC

COMBINED INLAND/OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"																					
SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R.			TAX BOND NO. EXPORT REFERENCES BOOKING NUMBER	BL NO. SJUELY259JAX018 RV#80771 KG06247	Date: SHIPPER REFERENCE NO.																
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) LA ONTARIO DC (REL) (USA11111) C/O ALLEGIANCE 4551 E PHILADELPHIA ST ONTARIO, CA 91761			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()			ALSO NOTIFY, ROUTING OR INSTRUCTIONS																		
PIER SAN JUAN, PR		PLACE OF RECEIPT																			
VESSEL EL YUNQUE		VOY. NO 259	FLAG N	PORT OF LOADING SAN JUAN, PR																	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY ONTARIO, CA		POINT AND COUNTRY OF ORIGIN																	
TIR# 100852 @0x@0x				FINAL DESTINATION OF GOODS (NOT VESSEL) ONTARIO, CA																	
PARTICULARS FURNISHED BY SHIPPER																					
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT															
UNIT NO: NPRU6553338 SEAL 1: 25944	1 45HC	STC: 46 PALLETS 2,277.PIECES MEDICAL DEVICES ** TR/DR			24,542																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE																
<p>A Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>B Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p>Declared Value \$ _____</p> <p>C Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p>Yes [] No _____ Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTATION OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,726.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,861.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,726.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			1,861.00	TOTAL CHARGES: 1,861.00	
TARIFF ITEM NUMBER	CHARGES	TOTAL																			
OC FRT NORTHBOUND	1	1,726.00																			
BUNKER SURCHARGE	1	125.00																			
PT AUTH FEE	1	10.00																			
		1,861.00																			
REVISED 2/02		BY _____		SEA STAR LINE, LLC																	

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNDED TO ORDER

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)
 BAXTER HEALTHCARE CORP. OF PR (SJu05000)
 PO BOX 2002 M00477
 CATANO, PR 00982

TAX BOND NO.	BL NO. SJUELY250PEV001	Date: 05/07/02
EXPORT REFERENCES	BL # RV80772	
BOOKING NUMBER	IV05775	
SHIPPER REFERENCE NO.		

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)
 ALLEGIANCE HEALTHCARE (USA56831)
 3205 MERIDIAN PARKWAY
 WESTON, FL 33331

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO FLAG
EL YUNQUE 258 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
PORT EVERGLADES, FLPLACE OF DELIVERY
WESTON, FLFINAL DESTINATION OF GOODS (NOT VESSEL)
WESTON, FL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENTS
UNIT NO: STRU4550033 SEAL 1: 0002208	1 45HC	SAID TO CONTAIN MEDICAL SUPPLIES 1,851 PCS TR/DRD	24,915	
TIR # 101812p00□				

SHIPPER LOAD AND COUNT

FREIGHT PREPAID

COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for shipper's cargo.

Declared Value 3

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether shipper's cargo can be insured. If cargo can be insured, shipper requests shipper's interest cargo insurance at the applicable rates charged by Carrier.

[] Yes. [] No Insured Value \$

Subject to Carrier's terms of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following instrument. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
ConsignorFREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE CORP. OF PR (SJu05000)
PO BOX 2002 M00477

CATANO

PR 00982

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1	625.00
PT AUTH FEE	1	10.00
BUNKER SURCHARGE	1	125.00

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN IDENTIFIED IN APPENDIX OOZO ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR GROSS WEIGHT OF PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ DRAFTS, BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

AP/10/04

FRACTIONAL FRC

SEA STAR LINE LLC

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R			TAX BOND NO. BL NO. SJUELY259JAX012	Date:																
			EXPORT REFERENCES RV#80773																	
			BOOKING NUMBER KG06229	SHIPPER REFERENCE NO.																
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) NO HAMMOND DC (REL) (USA11111) C/O ALLEGIANCE 701 PRIDE DRIVE HAMMOND, LA 70401			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC																	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()			ALSO NOTIFY, ROUTING OR INSTRUCTIONS																	
PIER SAN JUAN, PR		PLACE OF RECEIPT																		
VESSEL EL YUNQUE		VOY. NO 259	FLAG N	PORT OF LOADING SAN JUAN, PR																
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY HAMMOND, LA																		
POINT AND COUNTRY OF ORIGIN																				
FINAL DESTINATION OF GOODS (NOT VESSEL) HAMMOND, LA																				
PARTICULARS FURNISHED BY SHIPPER																				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMEN															
UNIT NO: PRMU650038 SEAL 1: 26017 TIR# 100797 0x0 @0x0@0x	1 45HC	STC: 44 PALLETS 1,865 PIECES MEDICAL DEVICES ** TR/DR □		18,801																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE																
<p><input type="checkbox"/> Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consignor</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,072.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,207.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,072.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			1,207.00		
TARIFF ITEM NUMBER	CHARGES	TOTAL																		
OC FRT NORTHBOUND	1	1,072.00																		
BUNKER SURCHARGE	1	125.00																		
PT AUTH FEE	1	10.00																		
		1,207.00																		
RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.				TOTAL CHARGES: 1,207.00																
THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.																				
IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.																				
BY _____ REVISED 2/02																				
SEA STAR LINE, LLC																				

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNING "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R.			TAX BOND NO.	BL NO. SJUELY259JAX015	Date:																
			EXPORT REFERENCES	RV#80774																	
			BOOKING NUMBER	SHIPPER REFERENCE NO. KG06240																	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) CH CHARLOTTE DC (USA11111) C/O ALLEGIANCE 3031 NEVADA BLVD CHARLOTTE, NC 28273			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC																		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()			ALSO NOTIFY, ROUTING OR INSTRUCTIONS																		
PIER SAN JUAN, PR		PLACE OF RECEIPT																			
VESSEL EL YUNQUE		VOY. NO 259	FLAG N	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN																
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY CHARLOTTE, NC		FINAL DESTINATION OF GOODS (NOT VESSEL) CHARLOTTE, NC																	
PARTICULARS FURNISHED BY SHIPPER																					
MARKS AND NUMBERS	NO. OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT															
UNIT NO: UXXU4811806 SEAL 1: 26012 TIR# 100841 000 @0x0@0x	1 45HC	STC: 46 PALLETS 2,165 PIECES MEDICAL DEVICES ** TR/DR □			17,030																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE																
<p><input checked="" type="checkbox"/> Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below</p> <p><input type="checkbox"/> Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p><input type="checkbox"/> Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Signature of Consigner</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,100.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,235.00</td> </tr> </tbody> </table>					TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,100.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			1,235.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																			
OC FRT NORTHBOUND	1	1,100.00																			
BUNKER SURCHARGE	1	125.00																			
PT AUTH FEE	1	10.00																			
		1,235.00																			
RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.																					
THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.																					
IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.																					
REVISED 2/02		TOTAL CHARGES: 1,235.00																			
BY _____																					
SEA STAR LINE, LLC																					

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R 00962		TAX BOND NO. BL NO. SJUELY258JAX009	Date:
		EXPORT REFERENCES RV180777	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		BOOKING NUMBER KG06155	SHIPPER REFERENCE NO
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ATTN: KAY UTTER PHONE: 847-578-6921		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FRFEIGHT BROKER	
PIER SAN JUAN, PR		ALSO NOTIFY, ROUTING OR INSTRUCTIONS	
VESSEL EL YUNQUE	VOY. NO 259	FLAG N	PLACE OF RECEIPT PORT OF LOADING SAN JUAN, PR
PORT OF DISCHARGE JACKSONVILLE, FL		POINT AND COUNTRY OF ORIGIN	
		PLACE OF DELIVERY WAUKEGAN, IL	FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: STRU4550460 SEAL 1: 32266	1	STC: 44 PALLETS 1,495 PIECES MEDICAL DEVICES TR/DR	10,260	
TIR# 100833				

TARIFF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
OC FRT NORTHBOUND	1	1,250.00	1,250.00
BUNKER SURCHARGE	1	125.00	125.00
PT AUTH FEE	1	10.00	10.00
TOTAL CHARGES: 1,385.00			SUGAR GROVE IL 60554

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$200 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) above.

A Ad Valorem - If shipper declares a value in the space provided, Carrier's \$200 limitation per container will not apply, and carrier will charge the Ad Valorem rate for shipper's cargo.

Declared Value \$ _____

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether shipper's cargo can be insured. If cargo can be insured, shipper requests carrier's interest cargo insurance at the applicable rates charged by carrier.

Yes No Insured Value \$ _____

Subject to Clause 64 of Conditions, if the shipment is to be delivered to the Consignee without notation on the consignment, the consignor shall sign the following statement: The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Signature of _____

RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR READ SEALED PACKAGES.

THE RECEIPT, DUSTOOLY, CARLAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK KNOTCH AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ CRIMINAL BILL OF LADING. ALL OF THE SIGNATURES AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R.		TAX BOND NO. BL NO. SJUELY259JAX016	Date:															
		EXPORT REFERENCES RV#80778																
		BOOKING NUMBER KG06243	SHIPPER REFERENCE NO.															
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) PN TEMPRE DC (REL) (USA11111) C/O ALLEGIANCE 525 W 21ST STRETT TEMPE, AZ 85282		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ())		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																
PIER SAN JUAN, PR		PLACE OF RECEIPT																
VESSEL EL YUNQUE		VOY. NO 259	FLAG N	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN													
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY TEMPE, AZ		FINAL DESTINATION OF GOODS (NOT VESSEL) TEMPE, AZ														
PARTICULARS FURNISHED BY SHIPPER																		
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT												
UNIT NO: NPRU6552096 SEAL 1: 26019 TIR# 100843	1 45HC	STC: 40 PALLETS 1,321. PIECES MEDICAL DEVICES " TR/DR			20,088													
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE													
<p>A Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consigner _____</p> <p>RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,894.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,894.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00	TOTAL CHARGES: 2,029.00	
TARIFF ITEM NUMBER	CHARGES	TOTAL																
OC FRT NORTHBOUND	1	1,894.00																
BUNKER SURCHARGE	1	125.00																
PT AUTH FEE	1	10.00																
REVISED 2/02																		

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R.			TAX BOND NO. BL NO. SJUELY259JAX013	Date:																
			EXPORT REFERENCES RV#80779																	
			BOOKING NUMBER KG06231	SHIPPER REFERENCE NO.																
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) HU-THE WOODLANDS DC (REL) (USA11111) C/O ALLEGIANCE 9201 GROGAN'S MILL RD THE WOODLANDS, TX 77380			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC																	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()			ALSO NOTIFY, ROUTING OR INSTRUCTIONS																	
PIER SAN JUAN, PR		PLACE OF RECEIPT																		
VESSEL EL YUNQUE		VOY. NO 259 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR																
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY WOODLAND, TX																		
POINT AND COUNTRY OF ORIGIN																				
FINAL DESTINATION OF GOODS (NOT VESSEL) WOODLAND, TX																				
PARTICULARS FURNISHED BY SHIPPER																				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT															
UNIT NO: NPRU6554611 SEAL 1: 26016	1 45HC	STC: 32 PALLETS 1,420 PIECES MEDICAL DEVICES ** TR/DR Da		15,683																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE																
<p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container shall not apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consignor</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,082.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH.FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,217.00</td> </tr> </tbody> </table>				TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,082.00	BUNKER SURCHARGE	1	125.00	PT AUTH.FEE	1	10.00			1,217.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																		
OC FRT NORTHBOUND	1	1,082.00																		
BUNKER SURCHARGE	1	125.00																		
PT AUTH.FEE	1	10.00																		
		1,217.00																		
<p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HERIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		TOTAL CHARGES: 1,217.00																		
REVISED 2/02 BY _____		SEA STAR LINE, LLC																		

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNIED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R.		TAX BOND NO. BL NO. SJUELY259JAX017	Date:																		
		EXPORT REFERENCES RV#80780																			
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) KC KANSAS CITY DC (REL) (USA11111) C/O ALLEGIANCIE 11300 GREENWOOD ST OVERLAND PARK, KS 66211		BOOKING NUMBER KG06244	SHIPPER REFERENCE NO.																		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																			
PIER SAN JUAN, PR		PLACE OF RECEIPT																			
VESSEL EL YUNQUE		VOY. NO 259 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN																
PORT OF DISCHARGE JACKSONVILLE, FL				PLACE OF DELIVERY OVERLAND PARK, KS	FINAL DESTINATION OF GOODS (NOT VESSEL) OVERLAND PARK, KS																
PARTICULARS FURNISHED BY SHIPPER																					
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT															
UNIT NO: GESU4003548 SEAL 1: 026088 TIR# 100854	1 45HC	STC: 40 PALLETS 1,732 PIECES MEDICAL DEVICES ** TR/DR			15,551																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE																
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.</p> <p>Declared Value \$ _____</p> <p>1. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p>Yes [] No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consigner</p> <p>I RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____, ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,100.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>10.00</td> </tr> <tr> <td></td> <td></td> <td>1,100.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1	1,100.00	BUNKER SURCHARGE	1	125.00	PT AUTH FEE	1	10.00			1,100.00		
TARIFF ITEM NUMBER	CHARGES	TOTAL																			
OC FRT NORTHBOUND	1	1,100.00																			
BUNKER SURCHARGE	1	125.00																			
PT AUTH FEE	1	10.00																			
		1,100.00																			
REVISED 2/02		BY _____			TOTAL _____																
		SEA STAR LINE, LLC																			

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R			TAX BOND NO. BL NO. SJUELY259JAX010	Date:	
			EXPORT REFERENCES RV#80781		
			BOOKING NUMBER KG06157	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. (USA50912) 4835 MENDENHALL MEMPHIS, TN 38118			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ())			ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT			
VESSEL EL YUNQUE		VOY. NO 259 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY MEMPHIS, TN		POINT AND COUNTRY OF ORIGIN FINAL DESTINATION OF GOODS (NOT VESSEL) MEMPHIS, TN	
PARTICULARS FURNISHED BY SHIPPER					
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU6553209 SEAL 1: 026013 TIR# 100586	1 40HC	STC: 24 PALLETS 1,089 PIECES MEDICAL DEVICES ** TR/DR		16,423	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE	
<p>A Carrier's \$500 Limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Signature of Consignor</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>				FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554	
TARIFF ITEM NUMBER	CHARGES		TOTAL		
OC FRT* NORTHBOUND	1 875.00		875.00		
BUNKER SURCHARGE	1 125.00		125.00		
PT AUTIH FEE	1 10.00		10.00		
TOTAL CHARGES: 1,010.00					

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R.		TAX BOND NO. BL NO. SJUELY259JAX011 Date:			
EXPORT REFERENCES RV#80782		BOOKING NUMBER KG06157 SHIPPER REFERENCE NO.			
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. (USA50912) 4835 MENDENHALL MEMPHIS, TN 38118		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.			
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()		ALSO NOTIFY, ROUTING OR INSTRUCTIONS			
PIER SAN JUAN, PR		PLACE OF RECEIPT			
VESSEL EL YUNQUE VOY. NO. 259 N		FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY MEMPHIS, TN	FINAL DESTINATION OF GOODS (NOT VESSEL) MEMPHIS, TN		
PARTICULARS FURNISHED BY SHIPPER					
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650312 SEAL 1: 26020 TIR# 100850	1 45HC	STC: 34 PALLETS 1,259 PIECES MEDICAL DEVICES ** TR/DR		18,801	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE	
Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below		FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554			
Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____					
Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Insured Value \$ _____					
Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following Statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		Signature of Consigner			
RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.					
RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACKHEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.					
WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____, ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.					
REVISED 2/02		BY _____			
		SEA STAR LINE, LLC			

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO PR 00962			TAX BOND NO. BL NO. SJUHAW215ELZ043	Date: 05/13/02													
			EXPORT REFERENCES HU569N0120														
			BOOKING NUMBER RV80794	SHIPPER REFERENCE NO.													
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS SUGAR GROVE			ALSO NOTIFY, ROUTING OR INSTRUCTIONS														
PIER SAN JUAN, PR		PLACE OF RECEIPT															
VESSEL HAWAII		VOY. NO 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR													
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY		POINT AND COUNTRY OF ORIGIN FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY													
PARTICULARS FURNISHED BY SHIPPER																	
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT												
UNIT NO: NPRU655445	1 45HC	STC: 50 PALLETS MEDICAL DEVICES ** TR/DR		20,297													
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE													
<p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consignor _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HERIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTATION OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		TARIFF ITEM NUMBER CHARGES TOTAL <table border="1"> <tr> <td>OC FRT NORTHBOUND</td> <td>1</td> <td>1,136.00</td> <td>1,136.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1</td> <td>125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1</td> <td>15.00</td> <td>15.00</td> </tr> </table>		OC FRT NORTHBOUND	1	1,136.00	1,136.00	BUNKER SURCHARGE	1	125.00	125.00	PT AUTH FEE	1	15.00	15.00
OC FRT NORTHBOUND	1	1,136.00	1,136.00														
BUNKER SURCHARGE	1	125.00	125.00														
PT AUTH FEE	1	15.00	15.00														
REVISED 2/02		BY _____		TOTAL CHARGES: 1,276.00													
SEA STAR LINE, LLC																	